

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/511980**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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38						
39						
40						
41				3		
42						
43						
44						
45						
46						
47						
48		2				
49						
50						
TOTAL IND.			7			
TOTAL DEP.			150			
TOTAL CLAIMS			157			

	I		II		III	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53		1				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
61		2				
62		2				
63		(1)				
64		2				
65		2				
66		2				
67		(1)				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						